

Valley Medical Center

Department: Administration – General / Admitting – General / Patient Account Billing– General

Policy Heading: Administrative Adjustments / Financial Counseling / Administrative Adjustments

Policy Number: ADMG.1.9.A

Policy Title: Charity Care Program

Policy: Valley Medical Center will offer Charity Care for low-income residents whose income falls at or below 350% of the federal poverty level (FPL). The Charity Care program will support access to appropriate care throughout all King County Public Hospital District #1 of King County (dba Valley Medical Center) hospital and clinic services. Valley's Charity Care program is developed to be fully compliant with Washington State law (RCW 70.170 and WAC 246-453) covering hospital charity care requirements.

At the time of admission to the hospital or clinic for healthcare services, patients will be notified that Charity Care assistance is available for qualified individuals. "Notice shall be made publicly available that charges for services provided to those persons meeting the criteria established (for Charity Care) within WAC 246-453-040 may be waived or reduced. Notice of public assistance is posted in the Emergency Room Admitting and Main Admitting areas of the hospital and available upon admission.

Application for Charity Care assistance will be offered to cover the self-pay portion of the bill when any patient indicates that they are unable to pay bill. Patients applying for Charity Care must also apply for DSHS coverage of their inpatient or emergent care, *if they are screened as potentially eligible for DSHS coverage.*

Patients receiving services due to an accident or other injury that may be covered by a Third Party Liability (TPL) Insurer will not be eligible for Charity Care adjustments until the patient provides signed documentation that no TPL coverage is available. In addition, if no TPL coverage exists, the patient's healthcare insurance would be billed. If the services are strictly the patient's financial responsibility and payment of the services would present a financial hardship, the patient may apply for Charity Care assistance.

Patients who choose Valley Medical Center for cosmetic or other elective services that are routinely determined to not be medically necessary will not be eligible for Valley's Charity Care adjustments.

Patients applying for Charity Care must complete the initial request for assistance and must provide income and included asset support documentation as requested by the hospital or clinic financial counselors. (WAC 246-453-030)

Charity Care eligibility will be determined to be in effect for a period of 90 days from the original date of services for which Charity Care is requested. A log identifying those patients eligible will be jointly maintained by the hospital and by the clinic. If a patient needs extended Charity Care benefits, the patient (or responsible party) will be asked to re-apply and provide new support documentation after the 90 day period has lapsed.

Purpose:

The procedure outlines a uniform process and financial guidelines for the administration of Charity Care to cover the patient's personal financial responsibility portions of a covered Valley Medical Center hospital service.

Procedure: General Application for Charity Care Assistance

1. Patients who identify that they cannot afford to pay for a hospital stay, outpatient encounter or clinic visit will be counseled that they can apply for the district's Charity Care program. A Charity Care application will be completed by the appropriate hospital staff at the time the request is made. The patient will be advised as to what documentation needs to be submitted, the date documentation has to be submitted and provided with the mailing address and/or fax number to submit documentation to. As required under Washington State law, patients will be given 14 business days to complete and return the Charity Care application and support documentation before any bills or collection notices are sent.

Note: For patients who have an inpatient or high charge emergent outpatient encounter, the district may require the patient to make application for Medicaid coverage if the patient appears to be eligible for this coverage. Failure to cooperate with the financial counselors and complete the DSHS application procedure will disqualify the patient from Charity Care benefits.

2. After the patient (responsible party) completes the Charity Care application and provides the complete support documentation to clarify household income and included assets, the patient (responsible party) will be notified within 15 days in writing of the acceptance or ineligibility for the district's Charity Care benefit.
3. Patients whose income is at or below 200% of the FPL will be granted a 100% reduction in their personal financial responsibility for payment of their hospital or clinic account. Patients whose income is above 200% of the FPL will have a Charity Care adjustment based on the percent their income falls above the FPL.
4. If the patient is not eligible based on income for the Charity Care adjustment, the financial counselor will notify the patient in writing of the denial of Charity Care and the reason for the denial. (WAC 246-453-040). The patient will be notified that they may appeal this decision in writing **within 30 days of the denial** to the:

Valley Medical Center
Charity Review Committee
3600 Lind Avenue SW Suite 110
Renton, WA 98055

The financial counselor will also notify the patient (or responsible party) that an appropriate payment arrangement for the amounts owed to the hospital can be created and who should be contacted to set up the payment plan.

5. When the patient is determined to be Charity Care eligible the hospital financial counselor will post charity adjustments to the patient accounts in an amount reflective of the sliding fee structure to which the patient (or responsible parties) income level for their family size. A graph attached to this policy describes the family size income levels and percent write-off and is updated annually predicated on the yearly publication of the Federal Poverty Level guidelines.
 - Charity Care Adjustments will be categorized as follows:
 - Charity Care (general classification)
 - Charity Care – Medicare
 - Charity Care – Medicaid Spend down
 - Charity Care – No Medicaid (MIP) Program Available

▪ Charity Care – Community Clinics

6. While Valley Medical Center will routinely use the published income thresholds as the primary determination for the provision of Charity Care, the hospital staff has the right to extend Charity Care benefits on a case by case basis in recognition of special cause patient needs. (WAC 246-453-040)
7. During the period of time that the patient's application is being considered for Charity Care eligibility, the hospital will not send statements or collection notices to the patient for outstanding account balances. (WAC 246-453-020)
8. In accordance with state law, Valley Medical Center will determine if any overpayment by the patient (or responsible party) has been received for services deemed to be covered by the Charity Care benefit. Valley will refund the patient any overpayment amount within 30 days of the Charity Care determination.
9. As noted in the policy, the hospital staff will maintain a formal log of the patient's determined to be eligible for Charity Care assistance. This information will be provided to the Valley Radiology Group for patients referred for charity.
10. Recognizing that there may be limited funds available for charity care, District residents will be given a 'first access' option to charity care in a scenario where there are more applicants than funds available.

Charity Care Determination Post Collection Agency:

1. Valley Medical Center will direct all collection agencies with whom the hospital or clinic works to cancel and return any account where the agency determines on the first review of the patient's financial status that the patient has no or very limited income or resources. When the hospital receives the cancelled account with any supporting documentation from the collection agency, the account will be immediately evaluated for its charity care eligibility and the responsible party contacted and offered the option of applying for the charity care benefit.
2. After an account has been placed in collection, the hospital can request that a collection agency cancel and return an account when special factors such as a language barrier, disability, emergent medical crisis or other discretionary issues are identified that would have made it difficult for the patient to work with the hospital to resolve the outstanding account balance. Cancellation of collection action under these special circumstances coincides with guidelines in WAC 246-453-020.

Community Clinic Patient Referral under Charity Care Program:

Valley Medical Center has a contractual agreement with the Community Clinics of Washington to provide outpatient services under Charity Care when the patient is pre-screened by the Community Clinic and deemed to be indigent or low income at a level that is appropriate for Charity Care. The service and Charity Care referral is forwarded to the Valley Medical Center financial counselor, who will contact the patient, advise the patient of the charity care requirements and complete the charity care application.



Financial Assistance Processing Form

Date: _____

New application _____ Appeal _____ (previous determination _____) Documentation Due By: _____

Patient Name _____ SSN _____

Date of Birth _____ Responsible Party _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employed _____ Yes _____ No Employer _____ Disabled _____ Yes _____ No

Retired _____ Yes _____ No Not Working _____ Yes _____ No

Spouse _____ Spouse's employer _____

Household monthly income _____ Hourly wage _____ Salaried wage _____

Number of people household income is supporting _____

Have you attempted to receive assistance from another source? (i.e. DSHS, etc.) _____ Yes _____ No

If yes, what type, from whom and when _____

If denied, when, from whom, (need denial letter) _____

NOTES:

Account Number	Date of Service	Current Balance	Discount	Patient Balance

Admit Source

☐ Emergency Room ☐ Doctor Referral – Doctor's name _____

☐ Direct Admit ☐ Scheduled Surgery ☐ Scheduled Outpatient ☐ 1 NON HC FAC PNT O

Zip Code _____ ☐ District ☐ Non-District

Discount authorized _____ Yes _____ % of charges _____ No Denial reason _____

INCOME CALCULATION

Hours worked per week _____ X 52 weeks = _____ total hours per year

Total hours per year _____ X _____ hourly wage = _____ estimated gross yearly wage

Hours worked per week _____ X 52 weeks = _____ total hours per year

Total hours per year _____ X _____ hourly wage = _____ estimated gross yearly wage

Monthly income _____ X 12 months = _____ yearly income

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Evaluated by _____ Date _____

Note: District exception allows for initial charity mapping based on other verification. For more detail mapping, IRS, credit reports (for those with incomes greater than 100% of the poverty level), bank statements and pay stubs verifying one year of income may be required, depending on your income.

		101% to 200%	201% to 225%	226% to 250%	251% to 275%	275% to 300%	301% to 350%
Size of Family	100%	100%	80%	70%	60%	55%	45%

AUTHORIZATION PROTOCOL				
Team Lead	Up to \$2,999	Signature		Date
Patient Account Mgr	\$3,000 - \$7,999	Signature		Date
Client Executive	\$8,000 - \$9,999	Signature		Date
Chief Financial Officer or Vice President, Finance	Over \$10,000	Signature		Date

FOR OFFICE USE ONLY

C/A CODE: 1024 BATCH #: _____

KEYED BY: _____ DATE: _____

Valley Medical Center
3600 Lind Avenue SW Suite 110
Renton, WA 98055
(425) 251-5178

Valley Medical Center's Charity Care Application

Valley Medical Center has financial programs, which may assist you with your bill. To determine if you qualify for financial assistance, you must provide a copy of one of the documents listed below in the section that applies to you.

EMPLOYED -

- Past three months check stubs showing year-to-date income (husband & wife).
- A W-2 withholding statement
- Previous year tax return.

SELF-EMPLOYED -

- Quarterly/yearly tax returns for the self-employed (profit & loss (schedule C), or copies of check stubs if you pay yourself).
- Current Bank Statement (checking and savings).

UNEMPLOYED -

- Unemployment check stubs or determination letter.
- Worker's compensation award letter.
- Social security income verification (Bank statement, W-2 form, award letter, or copy of the check).
- Strike Benefits
- Disability Benefits
- Pension Benefits
- Child support and/or alimony documentation
- If you are unemployed or have **no other income**, a letter from friends/relatives who are providing your sole support for food & shelter.
- Previous year tax return.

Please return the required documentation listed above within 14 business days. If you have any questions about the required documentation, please call the Patient Accounts Department at (425) 251-5178 during the hours of 8:00-4:30 Monday through Friday.


Thank you for choosing Valley Medical Center for your medical needs.

Effective Date: 1/96

Revision Date(s): 4/02, 6/02, 5/03, 7/04, 3/08, 12/08

Review Date(s): 06/02, 5/03, 7/04, 12/08

Depts Affected: All Valley Medical Center Departments Patient Accounts

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